SEC 1972 Potential persons who are to respond to the collection of information contained in this form are not (6/99)required to respond unless the form displays a currently valid OMB control number. **ATTENTION** Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice. **UNITED STATES** OMB APPROVAL SECURITIES AND EXCHANGE COMMISSION OMB Number: 3235-0076 RECEIVER Washington, D.C. 20549 Expires: May 31, 200 Estimated average burden AUG 1 2 2002 FORM D hours per response...1 NOTICE OF SALE OF SECURITIES SEC USE ONLY PURSUANT TO REGULATION D. Prefix Serial SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION DATE RECEIVED Name of Offering (check if this is an amendment and name has changed, and indicate change.) TOO MUCH FUN CLUB, INC. Filing Under (Check box(es) that [X] Rule 504 [] Rule 505 [] Rule 506 [] Section 4(6) []ULOE apply): Type of Filing: [X] New Filing [] Amendment A. BASIC IDENTIFICATION DATA 02051047 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indiciate change.) (510) 489-8<u>378</u> TOO MUCH FUN CLUB, INC. (Number and Street, City, State, Zip Code) Address of Executive Offices Telephone Number (Including Area Code) WESTPORT WAY, UNION CITY, CA 94587 5193 Telephone Number (Including Address of Principal Business Operations (Number and Street, City, State, Zip Code) Area Code) (if different from Executive Offices) AUG 1 5 2002 Brief Description of Business THOMSON PLANIN PLANNING EVENT FINANCIAL Type of Business Organization [X] corporation [] limited partnership, already formed [] other (please specify): [] business trust [] limited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization: [0]6] [0]2] Actual [] Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4 (6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - · Each general and managing partner of partnership issuers.

| Check Box(es) that Apply: [X] Promoter [X] Beneficial Owner [X] Executive Officer [X] Director [] General and/or |
|---|
| RUSSELL, CRAIG B. Managing Partner |
| Full Name (Last name first, if individual) |
| 5193 WESTPORT WAY UNION CITY CA 94587 |
| Business or Residence Address (Number and Street, City, State, Zip Code) |
| |
| Check Box(es) that Apply: [X] Promoter [X] Beneficial Owner [X] Executive Officer [X] Director [X] General and/or |
| RUSSELL, BRIDGET K. Managing Partner |
| Full Name (Last name first, if individual) |
| 5193 WESTPORT WAY, UNION CITY, CA 94587 |
| Business or Residence Address (Number and Street, City, State, Zip Code) |
| |

| Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] Gene Mana | ral and ging P | |
|---|---|--------------------|
| Full Name (Last name first, if individual) | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | |
| Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] Gene Mana | ral and | |
| Full Name (Last name first, if individual) | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | |
| Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] Gene Mana | ral and | |
| Full Name (Last name first, if individual) | <u></u> | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | |
| Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] Gene Mana | ral and | |
| Full Name (Last name first, if individual) | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | |
| Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] Gene Mana | | d/or Partner |
| Full Name (Last name first, if individual) | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | |
| (Use blank sheet, or copy and use additional copies of this sheet, as necessary.) | | · |
| B. INFORMATION ABOUT OFFERING | *************************************** | |
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | Yes [] | No [メ] |
| Answer also in Appendix, Column 2, if filing under ULOE. | | |
| 2. What is the minimum investment that will be accepted from any individual? | | 00, |
| 3. Does the offering permit joint ownership of a single unit? | Yes [X] | No [] |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | ı | |
| Full Name (Last name first, if individual) | <u></u> | |
| NONE | | |
| Business or Residence Address (Number and Street, City, State, Zin Code) | | |

| Name o | of Associ | ated Bro | ker or De | ealer | | | <u> </u> | | | | | |
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| l otal | \$ 263,000 | \$ 325,000. |
|--|---|-------------------------|
| Answer also in Appendix, Column 3, if filing under ULOE. | | |
| , | | |
| | | |
| Enter the number of accredited and non-accredited investors who have | | |
| purchased securities in this offering and the aggregate dollar amounts of their | | |
| purchases. For offerings under Rule 504, indicate the number of persons who have | | |
| purchased securities and the aggregate dollar amount of their purchases on the | | |
| total lines. Enter "0" if answer is "none" or "zero." | | |
| total lines. Effect of ill allower is mone of zero. | | Aggragata |
| | Number | Aggregate |
| | Number | Dollar Amount |
| | Investors | of Purchases |
| Accredited Investors | 2 | \$ 325,000. |
| Non-accredited Investors | | \$ |
| | | |
| Total (for filings under Rule 504 only) | 2 | _\$ 325,000. |
| Answer also in Appendix, Column 4, if filing under ULOE. | | <u> </u> |
| | | |
| 3. If this filing is for an offering under Rule 504 or 505, enter the information | | |
| requested for all securities sold by the issuer, to date, in offerings of the types | | |
| indicated, the twelve (12) months prior to the first sale of securities in this offering. | | |
| Classify securities by type listed in Part C-Question 1. | | |
| Trade in the second of the second in the sec | | |
| | | D. II. |
| | Type of Security | Dollar Amount |
| Type of offering | · ypo or ocounty | Sold |
| Rule 505 | | \$ |
| Regulation A | | \$ |
| | | _ ' |
| Rule 504 | Common | \$ 325,000. |
| Total | | \$ 325,000. |
| | | |
| 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| estimate and check the box to the left of the estimate. | | |
| | | |
| Transfer Agent's Fees | [|]\$ |
| Printing and Engraving Costs | ſ |]\$ |
| Legal Fees | | (\$ 1.500. |
| | | |
| Accounting Fees | - | (]\$ <u>500(</u> |
| Engineering Fees | [|]\$ |
| Sales Commissions (specify finders' fees separately) | |]\$ |
| Other Expenses (identify) FILING FEE | | X \$ 200, |
| | _ | |
| Total | · L |]\$ 2,200, |
| b. Enter the difference between the aggregate offering price given in response to Part 1 and total expenses furnished in response to Part C - Question 4.a. This difference | | 5322,800. |
| "adjusted gross proceeds to the issuer." | 10 1110 | Ψ' ' |
| 3,000 p. 000 p. 0000000 to the leader with the leader to t | | |
| | | |
| 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proceeds to the issuer used or proceeds to the issuer used or proceeds to the used for each of the purposes shown. If the amount for any purpose is not known furnish an estimate and check the box to the left of the estimate. The total of the paylisted must equal the adjusted gross proceeds to the issuer set forth in response to the issuer set for the issuer set forth in response to the issuer set forth in respons | roposed | |
| | wn, ments | |
| Question 4.b above. | wn, vments Part C - | |
| Question 4.b above. | wn, /ments Part C - Paymer | |
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| Question 4.b above. | wn, ments Part C - Paymer Officers | |
| Question 4.b above. | wn, ments Part C - Paymer Officers | , Payments s, & To |
| | wn, ments Part C - Paymer Officers Director Affiliate | Payments s, & To Others |
| Salaries and fees | wn, ments Part C - Paymer Officers Director | , Payments s, & To |

| | Purchase of real estate | L1 \$ | [] \$ |
|------|--|---|----------------|
| | Purchase, rental or leasing and installation of machinery and equipment | | [] \$ |
| | Construction or leasing of plant buildings and facilities | [] \$ | [] \$ |
| | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) | [] | [] |
| | Repayment of indebtedness | [] \$ | [] \$ |
| | Working capital | \$322,88 | [] > \$ |
| | Other (specify): | | [] |
| | | | [] _\$ |
| | Column Totals | M \$ 322, 80 | ro. s |
| | Total Payments Listed (column totals added) | | 322,800,- |
| | D. FEDERAL S | SIGNATURE | |
| Issu | uer (Print or Type) | Signature Dat | e \//02 |
| L. | me of Signer (Print or Type) | Title of Signer (Print or Type) | 7,70 |
| 1 | BRIDGET K. RUSSELL | SECRETARY | |
| | ATTEN | TION | |
| | Intentional misstatements or omissions of fact cor | nstitute federal criminal violations. (Se | e 18 U.S.C. |
| | | | |
| | E. STATE SI | GNATURE | |
| | s any party described in 17 CFR 230.262 presently subject? See Appendix, Column | | of such Yes No |
| | The undersigned issuer hereby undertakes to furnish to any d, a notice on Form D (17 CFR 239,500) at such times as | | this notice is |

3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.

4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) Too MUCH FUNC FUN CLUB, TNC. | Signature Date Suddiklusud 8/1/02 |
|--|-----------------------------------|
| Name of Signer (Print or Type) BRIDGET K、 RUSSELL | Title (Print or Type) SECRETARY |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| APPENDIX | | | | | | | | | |
|----------|--------------------------------------|---|--|---|----------|--|----------|--|---------------------------------------|
| 1 | Intend to non-ac investors (Part B-I | to sell credited in State | 3 Type of security and aggregate offering price offered in state (Part C-Item 1) | 4 Type of investor and amount purchased in State (Part C-Item 2) | | | | 5 Disqualif under Stat (if yes, a explanat waiver gr (Part E-I | e ULOE attach tion of anted) |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| AL | | | | <u></u> | | | | | |
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http://www.sec.gov/divisions/corpfin/forms/d.htm Last update: 08/27/1999